



INTERNATIONAL
CITIZENS
INSURANCE



BlueCross BlueShield
Global SolutionsSM



Medical Coverage for Living Abroad

Embark on your *new life abroad.*

Familiar coverage fuels expat adventures.

New places to see. New things to do. New worlds to explore. Whatever your plans once you're overseas, count on one plan to oversee your health and safety while you're there. A Medical Coverage for Living Abroad plan from Blue Cross Blue Shield Global SolutionsSM (BCBS Global SolutionsSM) will help support you and your well-being so you can enjoy all the adventures your new home has to offer.

If you're an individual expat or expat family, this is your plan.

Our plan keeps you covered when you're living abroad for three months or more.

Go with BCBS Global Solutions coverage. It's the trusted plan that's been around the block—and around the world—thousands of times over the decades. Enjoy the peace of mind that comes with:



Access to one of the **largest care networks in the world**, serving expats with the ideal blend of digital innovation and human-centered care.



Flexibility that lets you define your deductible and prescription benefits. Think of it as **your ticket to a world of benefit possibilities.**



A bundle of features that's part of every BCBS Global Solutions plan:

- Highly rated mobile app providing 24/7/365 support worldwide
- Unlimited telemedicine visits
- Coordinated coverage with providers in 190 countries

Feel *ease and supported* knowing your plan is designed with overseas living in mind.

Here are just a few confidence-boosting highlights of our plans.



You'll have an unlimited yearly and lifetime medical maximum, along with a \$250,000 maximum benefit for emergency medical evacuation.



Have a pre-existing condition? No worries. You'll be covered right away if you have proof of current coverage.



We'll waive the deductible for office visits, preventive care, medications and more.



You can choose prescription coverage and add enhanced benefits to it.



There's the option to choose dental and vision coverage.



You can choose one of three options for the U.S. coverage that's right for you. Based on your choice, you get access to the Blue Cross® Blue Shield® PPO network while in the U.S. Choose from:

- Basic U.S. coverage
- Comprehensive U.S. coverage
- No U.S. coverage



When you travel with us, you're not just covered—*you're cared for.*

To become a BCBS Global Solutions member, visit bcbsglobalsolutions.com, call **+1 610 263 0308**, or email expatsales@bcbsglobalsolutions.com.

Telemedicine services are provided by Teladoc Health, directly to members. Blue Cross Blue Shield Global Solutions assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan. This service is not intended to be used for emergency or urgent treatment medical questions.

Blue Cross Blue Shield Global Solutions is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross Blue Shield Association. Blue Cross Blue Shield Global Solutions is a Brand owned by the Blue Cross and Blue Shield Association.

INDV244350-MEM-9/25



Benefits schedule

Here's what your plan has to offer.

Medical Coverage for Living Abroad: Worldwide Premier

This plan has three tiers of coinsurance: 100% outside the U.S.; 80% in-network inside the U.S.; 60% out-of-network inside the U.S. All plans have an unlimited lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation. The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together.

Benefits	Outside the U.S.	In-Network, U.S.	Out-of-Network, U.S.
Primary and Preventive Care – Insurer Waives Deductible			
Primary Care Physician or Specialist/Provider Office Visits	All except a \$10 copay per visit*	All except a \$30 copay per visit	60% to Coinsurance Maximum then 100%
Preventive Care for Babies/Children: (Birth through Age 18) for Office Visits/Examination and Immunizations, Lab work and X-rays done in conjunction with an office visit	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Preventive Care for Adults: (Age 19 and Older) for Office Visits/ Examination, Immunizations as recommended by the Centers for Disease Control (CDC), Routine Pap Smears, Annual Mammogram, PSA for Men, and Diagnostic Lab Work and X-rays done in conjunction with an office visit	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Annual Physical Examination/Health Screening, Subject to a Calendar Year Maximum of \$1,000 and limited to one per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Urgent Care Facility	100%	All except a \$75 copay per visit	60% to Coinsurance Maximum then 100%
Travel Vaccinations, Subject to a \$500 Maximum per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Professional Services – Insurer Pays After Deductible is Met			
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Hospital Services – Insurer Pays After Deductible is Met			
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Medical Emergency	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Drugs	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met, Unless Noted			
Ambulatory Surgical Center	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Ambulance Service	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Accidental Dental	\$1,000 per calendar year, \$200 per tooth	\$1,000 per calendar year, \$200 per tooth	\$1,000 per calendar year, \$200 per tooth
Acupuncture and Chiropractic Services, Subject to a \$2,000 Maximum per Calendar Year if under the care of a licensed Physician	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Durable Medical Equipment	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Infusion Therapy	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Physical/Occupational Therapy, Limited to 20 visits per Calendar Year	100%, no deductible	100%, no deductible	100%, no deductible
Inpatient Mental Health	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Outpatient Mental Health	100%, no deductible, \$10 Copayment*	100%, no deductible, \$30 Copayment	60% to Coinsurance Maximum then 100%, no deductible

Benefits	Outside the U.S.	In-Network, U.S.	Out-of-Network, U.S.
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met, Unless Noted (cont'd)			
Inpatient Substance Abuse	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Outpatient Substance Abuse	100%, no deductible, \$10 Copayment*	100%, no deductible, \$30 Copayment	60% to Coinsurance Maximum then 100%, no deductible
Other Benefits – Insurer Pays After Deductible is Met			
Home Health Care, Subject to a maximum of 30 visits per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Skilled Nursing Facilities, Subject to a maximum of \$250 per day for a maximum of 50 days per Calendar Year	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Hospice, Subject to a maximum of \$5,000 per lifetime	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Prescription Drug Benefit Options – Insurer Waives Deductible			
Basic Prescription Drug Benefit, Subject to \$3,500 Maximum per Insured Person per Calendar Year, Max 90-day supply	100% of actual charges (pay and claim only)	100% of actual charges	100% of actual charges
Optional Rider, Subject to \$25,000 Maximum per Insured Person per Calendar Year, Max 90-day supply	100% of actual charges (pay and claim only)	Generics: 100% after \$10 copay per 30-day supply Brand name: 100% after \$10 copay per 30-day supply Injectables: 70%	Generics: 100% after \$10 copay per 30-day supply Brand name: 100% after \$10 copay per 30-day supply Injectables: 70%
Global Travel Benefits – Insurer Waives Deductible			
Emergency Medical Transportation	Up to \$250,000	n/a	n/a
Repatriation of Mortal Remains	Up to \$25,000	n/a	n/a
Accidental Death and Dismemberment	\$50,000	\$50,000	\$50,000

This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.

*Copay waived when visiting a Blue Cross Blue Shield Global Solutions contracted provider outside the U.S.

Blue Cross Blue Shield Global Solutions is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Solutions is a Brand owned by the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Solutions is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross and Blue Shield Association. This coverage is offered to the members of the Global Citizens Association, Washington, D.C.

INDV214550WW-BRK-9/25

Benefits schedule

Here's what your plan has to offer.

Medical Coverage for Living Abroad: Outside U.S.

This plan covers most services outside the U.S. at 100%. All plans have an unlimited lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation.

Benefits	Outside the U.S. Only
Primary and Preventive Care – Insurer Waives Deductible	
Primary Care Office Visits	All except a \$10 copay per visit*
Preventive Care for Babies/Children: (Birth through Age 18) for Office Visits/Examination and Immunizations, Lab work and X-rays done in conjunction with an office visit	100%
Preventive Care for Adults: (Age 19 and Older) for Office Visits/Examination, Immunizations as recommended by the Centers for Disease Control (CDC), Routine Pap Smears, Annual Mammogram, PSA for Men, and Diagnostic Lab Work and X-rays done in conjunction with an office visit	100%
Annual Physical Examination/Health Screening, Subject to a Calendar Year Maximum of \$1,000 and limited to one per Calendar Year	100%
Urgent Care Facility	100%
Travel Vaccinations, Subject to a \$500 Maximum per Calendar Year	100%
Professional Services – Insurer Pays After Deductible is Met	
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%
Inpatient Hospital Services – Insurer Pays After Deductible is Met	
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%
Inpatient Medical Emergency	100%
Inpatient Drugs	100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met, Unless Noted	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	\$1,000 per calendar year, \$200 per tooth
Acupuncture and Chiropractic Services, Subject to a \$2,000 Maximum per Calendar Year if under the care of a licensed Physician	100%
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy, Limited to 20 visits per Calendar Year	100%, no deductible
Inpatient Mental Health	100%
Outpatient Mental Health	100%, no deductible, \$10 Copayment*
Inpatient Substance Abuse	100%
Outpatient Substance Abuse	100%, no deductible, \$10 Copayment*
Prescription Drug Benefit Options – Insurer Waives Deductible	
Basic Prescription Drug Benefit, Subject to \$3,500 Maximum per Insured Person per Calendar Year (pay and claim benefit only) Max 90-day supply	100% of actual charges
Optional Enhanced Prescription Drug Rider, Subject to \$25,000 Maximum per Insured Person per Calendar Year (pay and claim benefit only) Max 90-day supply	100% of actual charges
Global Travel Benefits – Insurer Waives Deductible	
Emergency Medical Transportation	Up to \$250,000
Repatriation of Mortal Remains	Up to \$25,000
Accidental Death and Dismemberment	\$50,000

Benefits	Outside the U.S. Only
Other Benefits	
Home Health Care, Subject to a maximum of 30 visits per Calendar Year	100%
Skilled Nursing Facilities, Subject to a maximum of \$250 per day for a maximum of 50 days per Calendar Year	100%
Hospice, Subject to a maximum of \$5,000 per lifetime	100%
Optional Limited U.S. Benefits – Deductible Applies[†]	
Limited travel accident and sickness coverage inside the U.S. for short trips to the U.S. Covers incidental illness and injury. Not designed to cover preventive, elective care or extended stays in the U.S. Specific benefits may have a copay and individual benefit limits may apply. Please refer to your certificate.	100%, 80%, or 60% (depending upon services received) of actual charges up to \$1,000,000/\$500 maximum for pre-existing medical conditions

This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.

*Copay waived when visiting a Blue Cross Blue Shield Global Solutions contracted provider outside the U.S.

†Separate definitions, terms and exclusions apply to this rider. See full plan description online for details.

Blue Cross Blue Shield Global Solutions is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Solutions is a Brand owned by the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Solutions is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross and Blue Shield Association. This coverage is offered to the members of the Global Citizens Association, Washington, D.C.

INDV214550-BRK-9/25



INTERNATIONAL
CITIZENS
INSURANCE

Ensuring Peace of Mind Abroad



Protect What Matters Most

At **International Citizens Insurance (ICI)**, we're more than just an insurance provider—we're a trusted partner for navigating life abroad.

Whether you're a global citizen, expatriate, or organization, we offer comprehensive **health, life, and travel insurance solutions** tailored to your unique needs.

Our team of dedicated experts delivers personalized guidance and unwavering support, ensuring our clients feel confident, prepared, and fully protected wherever their journey takes them.

With a wide range of high-quality coverage options and a customer-first approach, our clients are informed, empowered, and cared for every step of the way.

Why Choose ICI?

Access to Top Global Insurers

We partner with multiple insurers to ensure you get the best options for your needs and budget.

Unbiased and Personal Advice

Your insurance needs are unique, and ICI will work with you to find the best option.

No Additional Fees

When you purchase through ICI, you get to work with our trusted advisors at the same price as going direct.

Claims Assistance and Customer Advocacy

Our strong insurer relationships and exceptional customer service make the entire process, from comparing plans to processing claims, simple and stress-free.

Get in Touch with Us!



Call: **US/Intl** +1 617 500 6738 | **UK** +44 20 35450909



Email: info@internationalinsurance.com



Visit: www.internationalinsurance.com

Want to talk to an agent?

[Learn More](#)

